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	SIR: Transm	itted herewith	for filir	ng is the non p	rov	/isional	patent app	lica	tion of				
IL RC	Oppontor(s): Robert A. Land. Robert Simon												
, lħ	9 For: 0 METHOD AND APPARATUS FOR PROVIDING MULTIPLE MANAGEMENT												
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	consed are:					(Title)							
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	X A D	eclaration and P erified Stateme	ower o	f Attorney (Ent	signe	ed/ <u>X</u> u	ınsig : F F	ined) 3 88 1 9	and '	1 27		
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	For:	No. Filed		No. Extra		Rate	Fee		Rate	F	ee	[
	Basic Fee:						\$ 375			\$	750		
	Total Claims:	27	- 20	* 7.		x 11	\$		x 22	\$	154		
	Indep. Claims:	4	- 3	• 1		x 39	\$		x_78	\$	78		
	Multi	ple Dependent	Claim	(s) Presented		+125	\$		+250	\$	0		
	* If the difference onter "0" in (nce is less than Col. 2.	zero,			TOTAL	\$		TOTAL	\$	982		
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A check for \$ for recordation of the Assignment is enclosed.										000			
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	X Any additional filing fees required under 37 C.F.R. § 1.16.X Any patent application processing fees under 37 C.F.R. § 1.17.												
	X The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application, or credit any overpayment, to our												
	Deposit Account No. 02-2666. A duplicate copy of this sheet is enclose												
X_ Any processing fees under 37 C.F.R. § 1.17, including any fees.										exten	sion		
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	_X Send all correspondence to the undersigned at BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN, 12400 Wilshire Boulevard, Seventh Floor, Los Angeles, California 90025,										•		
		and direct all te	elepho			-		0-85	98.				
	Respectfully submitted,												
	•		AKI	KELY SOKOLOFF TAYLOR & ZAFMAN									
	Date: July 19, 1996					By Lester J. Vincent							
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